

**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Evaluating San Francisco’s Street Crisis Response Team as a model for treating mental and substance-use issues among adults experiencing homelessness**

2. Department: **Department of Public Health**

3. Contact Person: **Matthew Goldman** Telephone: **415-317-4142**

4. Grant Approval Status (check one):  
 Approved by funding agency  Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$300,000**

6a. Matching Funds Required: **\$0**  
b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **Robert Wood Johnson Foundation**  
b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:  
**DPH applied for and received grant funding from the Robert Wood Johnson Foundation to complete a rigorous evaluation of the newly implemented Street Crisis Response Team as part of Mental Health SF. Three key outcomes post-crisis episode will be studied: linkage to outpatient mental health and substance use treatment, reutilization of crisis services, and assessment for housing placement. Interviews with clients will identify facilitators and barriers to effective care. This research will be conducted in collaboration with DPH researchers, the Office of Mental Health Reform, the UCSF Clinical and Translational Science Institute, and Heluna Health.**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **12/15/2020** End-Date: **6/14/2022**

10a. Amount budgeted for contractual services: **\$289,040**  
b. Will contractual services be put out to bid? **No**  
c. If so, will contract services help to further the goals of the Department’s Local Business Enterprise (LBE) requirements?  
d. Is this likely to be a one-time or ongoing request for contracting out? **One-time**

11a. Does the budget include indirect costs?  Yes  No

b1. If yes, how much?

b2. How was the amount calculated?

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **12.8% of Direct Costs**

12. Any other significant grant requirements or comments:

**We respectfully request for approval to accept and expend these funds retroactive to December 15, 2020. The Department received the letter of funding on November 20, 2020. This grant does not require an ASO amendment.**

<b>Proposal ID:</b>	<b>CTR00002102</b>
<b>Proposal Description:</b>	<b>HB MH HM108 Implemen</b>
<b>Version ID:</b>	<b>V101</b>
<b>Project ID:</b>	<b>10036950</b>
<b>Project Description:</b>	<b>HB MH HM108 Implementation of New Street Crisis Response</b>
<b>Authority ID:</b>	<b>10001</b>
<b>Activity ID:</b>	<b>0001</b>

**\*\*Disability Access Checklist\*\*\*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s)      | <input type="checkbox"/> Existing Program(s) or Service(s)       |
| <input type="checkbox"/> Rehabilitated Site(s)       | <input type="checkbox"/> Rehabilitated Structure(s) | <input checked="" type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s)                 | <input type="checkbox"/> New Structure(s)           |  |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 1/6/2021 | 7:32 PM PST

DocuSigned by:  
Toni Rucker  
704282F7351F48D...  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 1/7/2021 | 6:25 PM PST

DocuSigned by:  
Greg Wagner  
205279247932848...  
(Signature Required)

Greg wagner, COO for